

PHYSIATRY
Gulf Coast Medical Center
Department of Medicine

Name: _____

Date: _____

General Privileges:	Currently Approved	Requested	Approved
Admit Patients			
Order Diagnostic / Therapeutic Services			
Write Orders / Progress Notes in Patients Charts			
Request Consultation			
Provide Consultation			
Render Any Care in Life Threatening Emergency			
Physical Medicine: Evaluation for a Prescription of:			
Therapeutic exercise			
Therapeutic heat modalities			
Ultraviolet therapy			
Electrotherapy			
Functional electrical stimulation			
Therapeutic massage			
Occupational therapy			
Speech therapy			
Orthotics & prosthetics			
Adaptive devices			
Activities of daily living			
Therapeutic recreation			
Nutritional therapy			
Neuropsychological evaluation & treatment			
Pulmonary function & pulmonary rehabilitation			
Rehabilitation: Evaluation for a supervision of rehabilitation relating to patients with:			
Arthritis & related conditions			
Completed stroke & cerebrovascular disorders			
Lesions involving spinal cord			
Fractures			
Motor unit disorders			
Degenerative conditions of the nervous system			
Musculo-skeletal disorders			
Burns & Wounds			
Cancer			
Neuro-muscular disorders			
Cardio-pulmonary			

Electromyography: (Requires fulfillment of specific criteria)	Currently Approved	Requested	Approved
Needle electromyography			
Nerve conduction determinations			
Additional Requests:			

Modifications / Comments:

_____.

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Physician Signature: _____ **Date:** _____.

Chief of Service: _____ **Date:** _____.

Credentials Approval: _____ **Date:** _____.

Medical Executive Approval: _____ **Date:** _____.

Board Approval: _____ **Date:** _____.